

For an op consult can a therapist be the referral source?

Yes, a therapist can be a referral source. The CPT 2009 Professional Edition gives examples of who can initiate a consultation request, including "physician assistant, nurse practitioner, doctor of chiropractic, physical therapist, occupational therapist, speech-language pathologist, psychologist, social worker, lawyer, or insurance company." [Beebe, M., et al. (2008). Current Procedural Terminology 2009, Professional Edition. Chicago: American Medical Association.]

Our electronic record is set up in such a way that the goals are put on the treatment plan and the diagnosis is on another screen, but they are both reviewed/modified each visit, but if the reviewer only looks at the med note, they just see CC, HPI, MSE and plan unless they scroll back to the Tx plan and Dx page, which they refuse/fail to do. Can we mention in the med note to check the other pages?

The note must contain all needed information and stand on its own.

Can you refer to a document that includes review of systems?

Yes, provided there is notation that the prescriber reviewed the document and that the document is maintained as part of the note for the service.

Referrred from own clinic meaning therapist or other med provider?

Unfortunately, the entire question was not captured. My answers to the two most likely possibilities are based upon the CPT 2009 Professional Edition [Beebe, M., et al. (2008). Current Procedural Terminology 2009, Professional Edition. Chicago: American Medical Association.]

If this question was asking if a consultation referral can be generated from within a practice group, the answer would be yes, provided that the referral source is an appropriate professional or entity (see the answer to the first question, above). Please note that for a consultation, there must be a documented written or verbal request from the referral source, and this must be a part of the medical record. Additionally, after the consultation is completed, a written report of the consultation must be provided to the referral source. This, and further information about consultations, may be found in the CPT 2009 Professional Edition.

If the question was asking if a patient referred internally could be considered a new patient, the CPT 2009 Professional Edition gives the following guidance: "A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice within the past three years."

Clarification of coding risk when side effects to treatment have occurred:

Referring to the CMS "Table of Risk" (available at <http://www.cms.hhs.gov/MLNProducts/downloads/master1.pdf>),

if the side effects are mild, this would be scored as Moderate Risk when determining complexity of medical decision making. If the side effects are severe, this would be scored as High Risk in determining complexity of medical decision making.